

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000092503

Entity Name: FLORIDA ENDOVASCULAR AND INTERVENTIONAL, LLC

Current Principal Place of Business:

15600 N.W. 67TH AVENUE
SUITE 101
MIAMI LAKES, FL 33014

Current Mailing Address:

15600 N.W. 67TH AVENUE
SUITE 101
MIAMI LAKES, FL 33014 US

FEI Number: 81-2614180

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CLAYTON, PETER
7887 NORTH KENDALL DRIVE
SUITE 210
MIAMI, FL 33156 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title AMBR
Name VASCULAR AND SPINE INSTITUTE,
 INC.
Address 7887 NORTH KENDALL DRIVE, SUITE
 210
City-State-Zip: MIAMI FL 33156

Title AMBR
Name FLYING FISH HOLDINGS, LLC
Address 1237 SW 14 STREET
City-State-Zip: BOCA RATON FL 33486

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: PETER CLAYTON

MANAGER

02/13/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date